

09/893577

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | BM | | 07/03/01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | FR | 1015 | 82001 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

(2)

| Claim | Date | Claim | Date | Claim | Date |
|-------|----------|-------|----------|-------|----------|
| Final | Original | Final | Original | Final | Original |
| 1 | | 51 | | 101 | |
| 2 | | 52 | | 102 | |
| 3 | | 53 | | 103 | |
| 4 | | 54 | | 104 | |
| 5 | | 55 | | 105 | |
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| 36 | | 86 | | 136 | |
| 37 | | 87 | | 137 | |
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| 49 | | 99 | | 149 | |
| 50 | | 100 | | 150 | |

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

JCH
 08/20/01